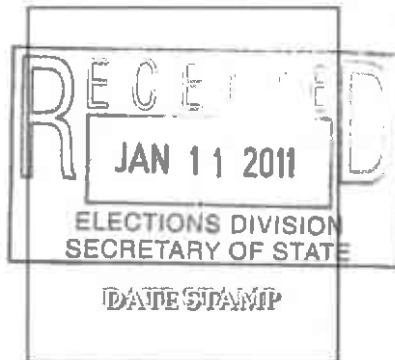


Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Committee Committee to Re-Elect Prentiss HarrellAddress 91 Bienville Trace, Hattiesburg, MS 39402Telephone 601-268-7072 Fax _____Treasurer George A Turner Email gaturnerjr@gmail.com

Check here if above is different from previous report

TYPE OF REPORT

- ____ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
- ____ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
- ____ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
- ____ October 8, 2010 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
- ____ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
- ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- X January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
- ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =		This Period	Calendar Year-To-Date
Total amount of contributions	\$ 8,400.00	+\$ 2,324.99	\$ 10,724.99	\$ 71,974.99
Total amount of disbursements	\$ 14,343.33	+\$ 406.79	\$ 14,750.14	\$ 66,874.99
Total amount of cash on hand			\$ 5,100.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

1/8/2011
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 801-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Committee to Re-Elect Prentiss HarrellReporting period 10/24/2010 through 12/31/2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name R A Gray III		10 / 25 / 2010	\$ 250.00
Mailing Address P O Box 208		___ / ___ / ___	\$
City, State, Zip Code Hattiesburg, MS 39402		___ / ___ / ___	\$
Name of Employer (Required) Self Employed		___ / ___ / ___	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 250.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name T L Wallace Construction, Inc		10 / 28 / 2010	\$ 1,000.00
Mailing Address P O Box 523		___ / ___ / ___	\$
City, State, Zip Code Columbia, MS 39429		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required) Construction		Aggregate year-to-date	\$ 1,000.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Thomas Wallace		10 / 28 / 2010	\$ 1,000.00
Mailing Address P O Box 523		___ / ___ / ___	\$
City, State, Zip Code Columbia, MS 39429		___ / ___ / ___	\$
Name of Employer (Required) T L Wallace Construction, Inc		___ / ___ / ___	\$
Occupation (Required) Construction		Aggregate year-to-date	\$ 1,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Len Melvin		10 / 29 / 2010	\$ 300.00
Mailing Address P O Box 221		___ / ___ / ___	\$
City, State, Zip Code Hattiesburg, MS 39403		___ / ___ / ___	\$
Name of Employer (Required) Self Employed		___ / ___ / ___	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 300.00

Name of Candidate or Committee Committee to Re-Elect Prentiss HarrellReporting period 10/24/2010 through 12/31/2010

ITEMIZED RECEIPTS

A. Source: Corporation PAC <input checked="" type="checkbox"/> Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Jack Riley		11 / 2 / 2010	\$ 300.00
Mailing Address 612 N Main Street		___ / ___ / ___	\$
City, State, Zip Code Hattiesburg, MS 39401		___ / ___ / ___	\$
Name of Employer (Required) Self Employed		___ / ___ / ___	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 300.00
B. Source: Corporation PAC <input checked="" type="checkbox"/> Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Ingram Wilkinson PLLC		11 / 2 / 2010	\$ 250.00
Mailing Address PO Box 15039		___ / ___ / ___	\$
City, State, Zip Code Hattiesburg, MS 39401		___ / ___ / ___	\$
Name of Employer (Required) Self Employed		___ / ___ / ___	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 250.00
C. Source: Corporation PAC <input checked="" type="checkbox"/> Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Carroll H Ingram		11 / 2 / 2010	\$ 250.00
Mailing Address PO Box 15039		___ / ___ / ___	\$
City, State, Zip Code Hattiesburg, MS 39401		___ / ___ / ___	\$
Name of Employer (Required) Self Employed		___ / ___ / ___	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 250.00
D. Source: Corporation PAC <input checked="" type="checkbox"/> Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Jesse O Adcock		11 / 4 / 2010	\$ 250.00
Mailing Address 54 Canebrake Blvd		___ / ___ / ___	\$
City, State, Zip Code Hattiesburg, MS 39402		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required) Retired		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Committee to Re-Elect Prentiss HarrellReporting period 10/24/2010 through 12/31/2010

ITEMIZED RECEIPTS

A. Source: Corporation PAC <input checked="" type="checkbox"/> Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Raymond Hammond		11 / 4 / 2010	\$ 500.00
Mailing Address PO Box 471		___ / ___ / ___	\$
City, State, Zip Code Hattiesburg, MS 39404		___ / ___ / ___	\$
Name of Employer (Required) Self Employed		___ / ___ / ___	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500.00
B. Source: Corporation PAC <input checked="" type="checkbox"/> Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Cathy Gornak		11 / 18 / 2010	\$ 300.00
Mailing Address P O Box 948		___ / ___ / ___	\$
City, State, Zip Code Columbia, MS 39429		___ / ___ / ___	\$
Name of Employer (Required) None		___ / ___ / ___	\$
Occupation (Required) Housewife		Aggregate year-to-date	\$ 300.00
C. Source: Corporation PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Pittman, Howdeshell, Hinton		11 / 15 / 2010	\$ 250.00
Mailing Address P O Drawer 17138		___ / ___ / ___	\$
City, State, Zip Code Hattiesburg, MS 39404		___ / ___ / ___	\$
Name of Employer (Required) See Above		___ / ___ / ___	\$
Occupation (Required) Attorneys		Aggregate year-to-date	\$ 250.00
D. Source: Corporation PAC <input checked="" type="checkbox"/> Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name John Lee		11 / 15 / 2010	\$ 1000.00
Mailing Address 119 Hardy Street		___ / ___ / ___	\$
City, State, Zip Code Hattiesburg, MS 39401		___ / ___ / ___	\$
Name of Employer (Required) Self Employed		___ / ___ / ___	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 1000.00

Name of Candidate or Committee Committee to Re-Elect Prentiss HarrellReporting period 10/24/2010 through 12/31/2010**ITEMIZED RECEIPTS**

A. Source: Corporation PAC <input checked="" type="checkbox"/> Individual Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Delois Smith</u>		<u>11 / 15 / 2010</u>	\$ <u>250.00</u>
Mailing Address <u>4 Willow Bend Suite 2A</u>		<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39402</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Self Employed</u>		<u> / / </u>	\$
Occupation (Required) <u>Realtor</u>		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: Corporation PAC Individual Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u> / / </u>	\$
Mailing Address _____		<u> / / </u>	\$
City, State, Zip Code _____		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
C. Source: Corporation PAC Individual Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u> / / </u>	\$
Mailing Address _____		<u> / / </u>	\$
City, State, Zip Code _____		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u> / / </u>	\$
Mailing Address _____		<u> / / </u>	\$
City, State, Zip Code _____		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Re-Elect Prentiss HarrellReporting period 10/24/2010 through 12/31/2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
George A Turner		
Mailing Address	<u>10 / 29 / 2010</u>	\$ 214.79
91 Bienville Trace		
City, State, Zip Code	<u> / / </u>	\$
Hattiesburg, MS 39402		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 214.79
Stamps and Stationary		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Jay Yarbrough		
Mailing Address	<u>10 / 30 / 2010</u>	\$ 192.00
P O Box 241		
City, State, Zip Code	<u> / / </u>	\$
Sumrall, MS 39482		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 192.00
Putting up yard signs		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Prentiss Harrell		
Mailing Address	<u>11 / 26 / 2010</u>	\$ 14,343.35
15 St Martins Road		
City, State, Zip Code	<u> / / </u>	\$
Hattiesburg, MS 39402		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 14,343.35
Partial Repayment of Loan		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$